

## PRIMARY RESPONSE TESTING

R. Paul Lee, DO, FAAO, FCA, DABMA

Jennifer Letellier-Smith, ND

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Primary Response Testing (PRT) is a method of seeking information from universal Intelligence. The authors use it to diagnose the patient and to elucidate principles of nature. It offers a facility to discover information that no other system can provide, and it has changed the practices of the authors not to mention their very lives.

The method is based in osteopathy in the cranial field as it utilizes the primary respiratory mechanism (PRM) to reveal the truth of a statement much like the strength of a muscle is used in applied kinesiology. A strong muscle indicates a “yes” response while a weak muscle, a “no” response. In PRT we feel the fluctuation of fluid of primary respiration rather than the strength of the muscle. A fluid fluctuation is a “yes” and no fluctuation is a “no” response. The fluctuation of fluid is an expression of the ultimate Intelligence as proposed by William Sutherland, DO in his cranial concept.<sup>1,2</sup> Many mentors have used such querying methods from time to time. Rollin Becker, DO, in particular, recommended to allow the fluctuation of the fluid, the Tide, to direct the treatment and to listen to its message. He and others directly communicated with the Tide. He said, “The mechanism tells you how it is compensating for an imbalance and tells you what it is doing about it.”

The process of obtaining such information can be standardized, what PRT does, for learning purposes and for a starting point to extend the basics into higher, more complex levels. First, we establish that the patient and the practitioner are in the proper condition to assure the clearest and most accurate response to a silent statement posed by the operator. Both operator and patient must not be switched. The “switched” condition is characterized by sympathetic dominance and interferes with accuracy. To determine if the patient is switched, place the palm of one hand over the Master Brain Point located where the hairline crosses the midline. (In bald patients, one can usually identify the former hairline with careful inspection of skin texture.) The palm of the hand emits a chakra from its center. The operator can palpate the energy emanating from the Master Point (this energy is *vitality* rather than a fluctuation, an important distinction moving forward) and feel it connect with the chakra. A *fluctuation* of energy tells the operator that the Master Point is functioning well. If there is no fluctuation, turn the hand over to reveal if there is now a fluctuation. If so, the patient is switched. To correct this condition, vigorously massage the acupuncture points, called the zero points on the root of the helix of the external ears. This point is usually marked by a little nodule one can feel where the helix curves posteriorly above the tragus and the external auditory meatus. While massaging, notice the zero point soften and begin to demonstrate a fluctuation of fluid, retest the master point with the palm. If fluctuation has returned to the master point, the patient is now unswitched and ready to proceed with the test. The operator must also test him or herself similarly.

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<sup>1</sup> Sutherland, *Teachings in the Science of Osteopathy*, 1990.

<sup>2</sup> Sutherland, *Contributions of Thought*, 1998.

Once the master point demonstrates the patient is not switched, we take the second step and carefully select words to formulate the statement about which we wish to obtain information. This is to assure there is no misinterpretation of our intent by the ultimate Intelligence. For example, we might want to know if the patient has an allergy to corn. If we state, "The patient is allergic to grain," we may not receive accurate information.

Third, we state the reverse of the first question to reveal validity of the statement and the response. For example, the initial statement might be, "The patient is allergic to wheat." The reverse question then would be, "The patient is not allergic to wheat." Receiving a response from the ultimate Intelligence of "yes" for the first statement and a "no" from the second statement validates the responses and the integrity of the method of PRT.

Fourth, we must be purely an observer with no investment in the outcome of the statement. If we insert our desire into the formula, it will taint the outcome. This is difficult for the person who wants to help. We cannot let our desire to be of assistance get in the way of obtaining a clear and accurate response. This subtle feature of the method of PRT reveals that mind/emotion play a critical role in the process. After all, we are communicating with the universal Intelligence with our thoughts when we pose a statement before it. Emotional content or intention will certainly interfere. In fact, as you gain experience with this method, you will probably notice that the answer is available as soon as you clarify your thinking before you actually pose the statement. PRT works with PRM, an expression of universal Intelligence.

For better perception of the very subtle feedback from the body, we palpate with the full palm of the hand resting on a larger, bulky tissue, such as the quadriceps femoris or deltoid muscle, both of which offer easy and non-invasive areas for contact and a fuller expression of fluctuation than less fleshy body parts. If palpating the head and desiring to learn something at the same time, we simply make a silent statement with our hands remaining resting on the primary respiratory mechanism under our hands.

I, the first author of this paper, learned the method from a commercial homeopathic company who wanted the practitioners using their products to accurately prescribe them. They taught their practitioners abbreviated versions of "Clinical Kinesiology" and "Contact Reflex Analysis." Both of these methods are commonly in use by health providers, especially chiropractors, who devised the methods: George Goodheart, DC – Applied Kinesiology; Alan Beardall, DC, DO – clinical kinesiology; Dick Versendaal, DC – Contact Reflex Analysis. These methods were all based in muscle testing. Try as I might, I could not perform muscle testing well and began to rely on primary respiration's fluctuation of fluid. I found it very useful and convenient and began exploring more and more using my early version of PRT.

My friend, a functional optometrist invited me to test, using PRT on three common patients in his office. I sat with my hand on the patient's thigh while he went through his diagnostic process flipping through the various lenses. I indicated when the mechanism said "yes." He reported, against his best preconceived expectation, that my prescription for all three patients for

spectacles was identical to his, using applied kinesiology, as was his routine. From there I looked at my choice of acupuncture points and found my selection to be simplified and more powerful. Next, I looked at my choice of homeopathics, minerals and vitamins in my IVs while treating my patients with principles of homotoxicology.

My associate, the second author of this paper began using PRT and employed it very successfully in treating Lyme disease. She built a strong practice without advertising in curing previously uncured cases and developed a widespread reputation.

To learn the above-mentioned techniques and those of clinical kinesiology and contact reflex analysis one may take the course taught by Drs. Lee and Letellier-Smith. Look online at the OPC & PGIO websites. (Osteopathy's Promise to Children and the Post Graduate Institute for Osteopathy.)